



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check if instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN

204086

DHSS STATE HEALTH LAB
05-30-09

LOCATION OF INSTRUMENT (STREET AND CITY)

Mo 64 @ Mo 73

DATE OF INSPECTION

05-30-09

TIME OF INSPECTION

00:00

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

COMPUTER

DETECTOR

PROGRAM

FILTERS

HEATERS SAMPLE CHAMBER 49 °C

QUARTZ STANDARD

FLOW DETECTOR

CALIBRATION

PUMP HIGH SPEED

PRINTER

INDICATOR LIGHTS

TIME AND DATE

SIMULATOR TEMPERATURE (34 °C ± 9.2°C)

CALIBRATION CHECK

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (US: RECIRCULATION PUMP)

0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .095

TEST 2 .095

TEST 3 .095

PERFORM A.F.I. TEST (PRINTOUT ATTACHED)

NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 0 | (0-.04) | (.05-.09) 2 | (.10-.14) 0 | (.15-.19) 0 | (Over .19) 6

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

GUTH LABS SOLUTION

THIS OVER WRITTEN DOES

LOT # 8240

GUIDELINES

BOTTLE # 470

MANF 07-14-08

EXPIRES 07-14-09

INSPECTING OFFICER

SIGNATURE

M. L. Cary

PRINT NAME

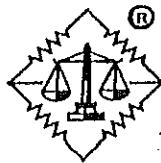
M. L. Cary

TYPE II PERMIT NUMBER/EXPIRATION DATE

820036/01-29-1D

TELEPHONE NUMBER

417-895-6868



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-684-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08240** of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography and found to contain **0.1221** percent
(w/vol) ethyl alcohol. The expiration date for this lot
number is July 14, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at
 $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol
analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were
free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



MICHAEL L CARY

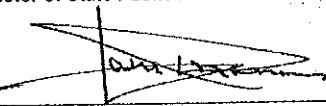
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 01/29/08
Number 820036
Expires 01/29/2010

MO 680-0771 (7-88)

Elli C. O'Neal
Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)